## UNITAL STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

1. 1. 1. 1.

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 10-13-05 2 Serial/Patent # 10/534455					
3 Please refund the following fee(s):			PER MBER	5 DATE FILED	6 AMOUNT
	Filing				\$
	Amendment				\$
	Extension of Time				\$
	Notice of Appeal/Appeal				\$
	Petition				\$
	Issue				\$
	Cert of Correction/Terminal Disc.				\$
	Maintenance				\$
	Assignment	·			\$
	Other				\$
		7 TOTAL AMOUNT OF REFUND			\$
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
V	Overpayment		C	redit Depo	sit A/C #:
	Duplicate Payment		۰ [		
	No Fee Due (Explanation):		<del></del>		
Credit Card Refund					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: Barbara CARphell TITLE:					
signature: 460)				IONE:	
OFFICE: ust now local fell of the Compact Refund Ref:					
THIS SPACE RESERVED FOR FINANCE USE ONLY:  APPROVED:  Credi			Credit Ca	rd Refund Total:	\$100.00
APPK(	JVEU:	DATE	: <u> </u>		
7		II EXD	XXXXXXXXXXX		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park-One, Room 802B

PORM PTO 1577 ---(01/90)------